

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
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TOTAL IND.	2		↓		↓		TOTAL IND.	↓	
TOTAL DEP.	10		↓		↓		TOTAL DEP.	↓	
TOTAL CLAIMS	12		↓		↓		TOTAL CLAIMS	↓	